

July 2011 through September 2012

This report

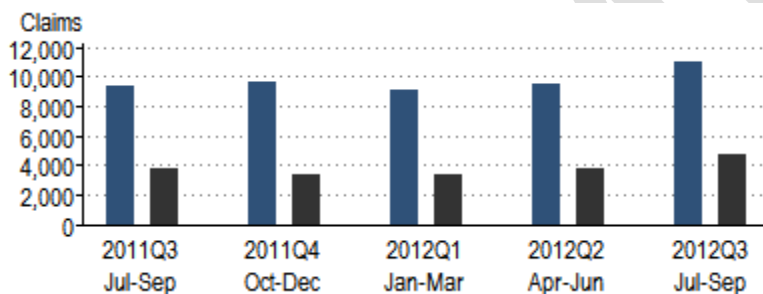
This report includes performance measures and claim population statistics from July 2011 through September 2012. The measures and statistics are calculated for each quarter.

L&I calculated the measures and population statistics with claim and billing data available in L&I's data warehouse as of December 31, 2012. The measures and statistics for **the third and fourth quarters of 2011 and the first quarter of 2012 are in the charts, but are not shown on the tables.**

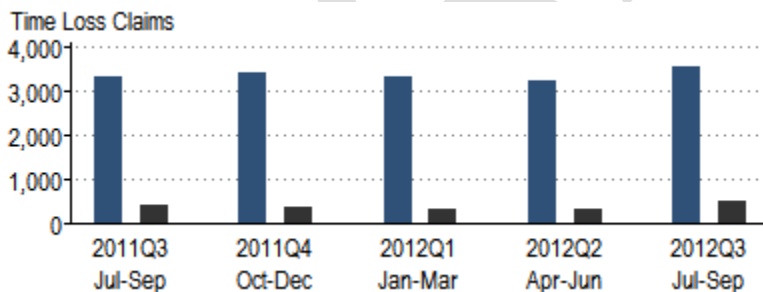
Summary

In this report, we are implementing a new format and are still testing and refining the measures. The Report of Accident measure has been made more stringent and now requires the ROA to be timely AND complete. We welcome all feedback on how this new report works.

Claims



Claim Type	Data	2012 Apr-Jun	2012 Jul-Sep	Change
All Claims	# Active	9,552	11,059	16%
	# Initiated	3,848	4,806	25%
	# Closed	3,586	4,315	20%



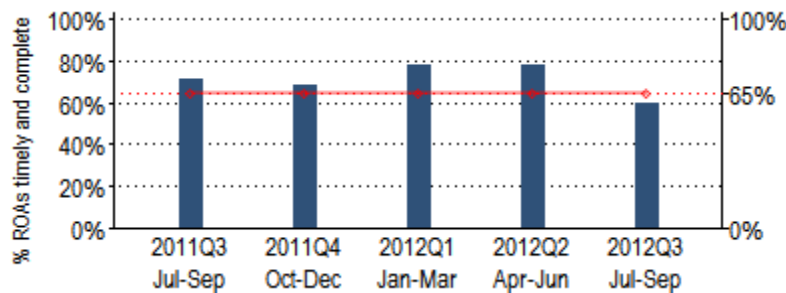
Claim Type	Data	2012 Apr-Jun	2012 Jul-Sep	Change
Time-Loss Claims	# Active	3,246	3,552	9%
	# Initiated	339	524	55%
	# Closed	576	644	12%



Best Practices Measures

Best practice 1: Submitting a complete Report of Accident (ROA) in 2 business days or less.

Measure: Percent of ROAs which are timely and also complete when submitted.



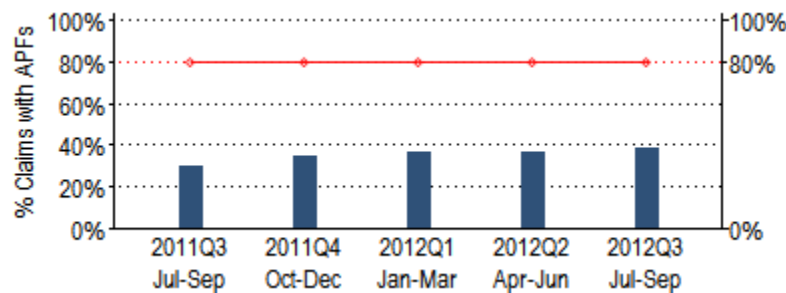
Measure	2012 Apr-Jun	2012 Jul-Sep	Target	Most recent quarter minus target
% Timely and complete ROAs	79%	60%	65%	-5%

Descriptive statistics

# ROAs	177	223
% Timely ROAs	85%	67%
% Complete ROAs	89%	92%

Best practice 2: Completing an Activity Prescription Form on first visit or when patient restrictions change.

Measure: One APF within the first 12 weeks of a claim.



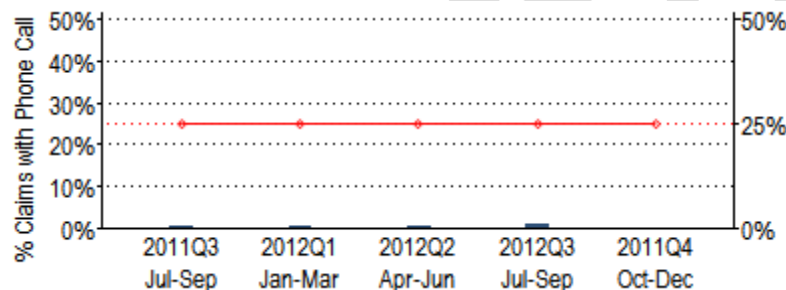
Measure	2012 Apr-Jun	2012 Jul-Sep	Target	Most recent quarter minus target
% Claims with APFs	37%	39%	80%	-41%

Descriptive statistics

Total # Claims with APFs	116	165
% of Complete APFs ⁱ	81%	82%
Timeliness: median days	1	1
Timeliness: mean days	1	1

Best practice 3: Contacting an employer when patients have restrictions.

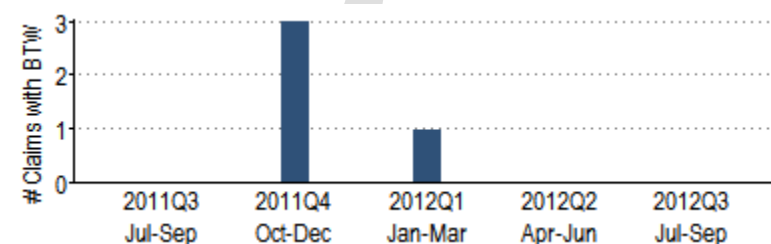
Measure: One phone call within the first 12 weeks of a claim.



Measure	2012 Apr-Jun	2012 Jul-Sep	Target	Most recent quarter minus target
% Claims with Provider/Employer Phone Call (32 modifier)	1%	1%	25%	-24%

Best practice 4: Documenting patient Barriers to Return to Work and plan.

Measure: Under review



Descriptive statistics	2012 Apr-Jun	2012 Jul-Sep
% of Claims with assessment completed	0%	0%

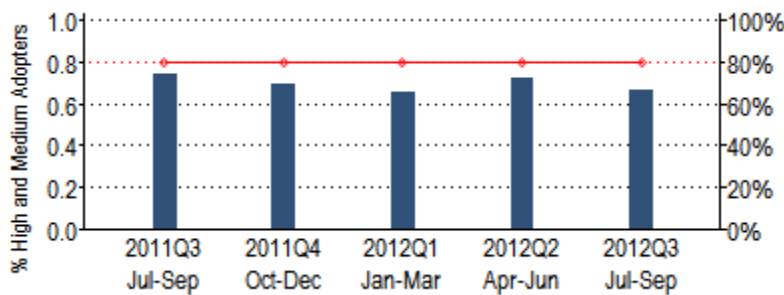
ⁱ Measured on a random sample drawn from all the APFs in the reporting period using a 95% confident level and 10% confidence interval.



Provider Adoption of Best Practices During the Reporting Period

Measure: *Percent of high and medium adopters.*

All Providers



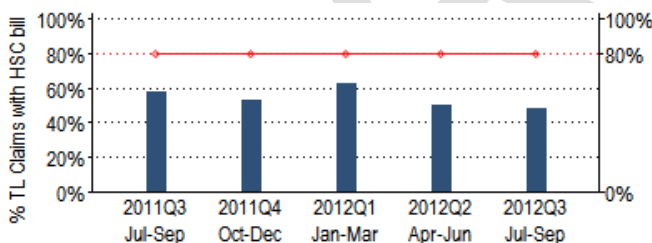
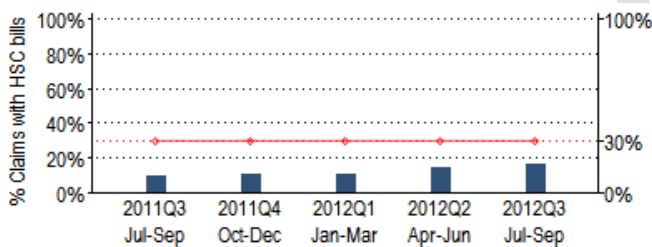
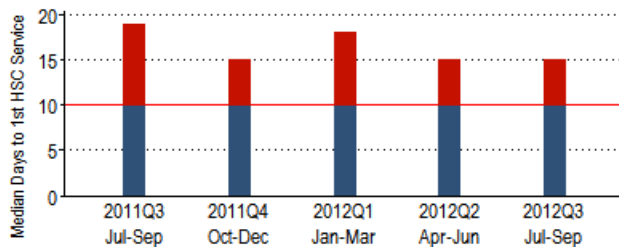
All Providers

Measure	2012 Apr-Jun	2012 Jul-Sep	Target	Most recent quarter minus target
% High and medium adopters	73%	67%	80%	-13%

Descriptive Statistics

# Providers with active claims this quarter	212	212
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Operational Measures



Measure	2012 Apr-Jun	2012 Jul-Sep	Target	Most recent quarter minus target
Median Days from Claim Establishment to First Billed HSC Service	15	15	10	-5
% Claims with HSC Bill	8%	6%	30%	-24%
% Claims With 10 Business Days of Time-Loss with HSC Bill	43%	38%	80%	-42%

Descriptive Statistics

# Claims with HSC Bill	185	140
# Claims With 10 Business Days of Time-Loss with HSC Bill	85	83

Catchment Comparison

COHE		
Claim Population Statistic	2012 Apr-Jun	2012 Jul-Sep
# Claims initiated by any provider during the quarter that at the end of the quarter the attending provider was a COHE provider	2,343	2,500
% Claims in the Catchment Area	56%	55%
% Time-Loss Claims	17%	17%

Non-COHE (within catchment area)		
Claim Population Statistic	2012 Apr-Jun	2012 Jul-Sep
# Claims initiated by any provider during the quarter that at the end of the quarter the attending provider was a non-COHE provider	1,876	2,030
% Claims in the Catchment Area	44%	45%
% Time-Loss Claims	21%	21%



Performance Measures Log

This log reflects all activities that could impact COHE performance measures. For example, changes in staffing level or technology issues would be noted here. Please refer to Measures by Level document for measure details.

Date Entered	Period Impacted	Activity	Note
1/30/12	2011Q2 & 2011A3	COHE vs. Non-COHE (Catchment Comparison)	This measure uses claim information gathered in a different manner by provider rather than by claim number. This results in a slightly different number of total claims.
5/4/12	2011Q4	APF Completeness	Change in what is complete on APF for Key Objective Finding(s) (KOF): Pain/tenderness may be an appropriate KOF for some injuries, so for this quarter and beyond pain/tenderness will be considered a "complete" response. If KOF box is blank or contains "see progress notes," that remains an "incomplete" response.
5/4/12	2011Q4	APF Completeness	Timeliness is no longer a factor in APF completeness. Timeliness information will continue to be gathered and will be included as descriptive information in the next report.
5/4/12	2011Q4	ROA Completeness	In previous reports, the ROA completeness calculation was missing three data elements. The computer program was not reviewing boxes 4, 9, and 17 of the provider portion of the ROA. For 2011Q4, we modified the computer program to capture these boxes. In future reports, we'll recalculate ROA completeness for Q2 and Q3 of 2011.
5/4/12	2011Q4	Benchmark vs. Target	The term Benchmark has been changed to Target.
06/05/12	2011 Apr-Jun, 2011 Jul-Sep & 2011 Oct-Dec	ROA timely and completeness	New measure: % of ROAs which are filed timely and complete.
1/28/13	2012Q2 and beyond	Target for ROA	Changed to 65% timely and complete.
1/28/13	2012Q2 and beyond	Barriers to Return to Work	Measure is now under review. Number completed is informational only.
1/28/13	2012Q2 and beyond	Review of internal data entry accuracy	Reviewed random sample of ROAs for internal data entry accuracy - no keying errors noted. This is likely due to the launch of two new claim initiation tools [provider direct entry of claims via FileFast and a new L&I Claim Initiation software (TIPS) & continuous QA].

Definitions and methods

Population data: All claims for which a COHE provider was the attending during the quarter. Time- loss claims are those with any time- loss unless specified in the measure or statistic. COHE is an early intervention program and as such only services in the first 12 weeks of the claim are considered/measured.

Best practice 1: *Submitting a complete Report of Accident (ROA) in 2 business days or less*

Measure: *Percent of ROAs which are timely and also complete when submitted.*

Target: *65% of all ROAs*

- a. Claims initiated during the quarter by a COHE AP
- b. Emergency departments are not required to complete ICD code field
- c. Timely = received date - first medical visit (business days)

Best practice 2: *Completing an Activity Prescription Form on the first visit or when patient restrictions change*

Measure: *One APF within the first 12 weeks of a claim.*

Target: *80% of all claims*

- a. % of APFs Complete
 - I. Definition(s): Random review of a sample of APFs completed during the reporting period
 - II. Target(s): 80% of all APFs reviewed are 100% complete
- b. APF timeliness
 - III. Definition(s): Average and median days for APFs to be received at L&I (business days between received date and service date)
 - IV. Target: None, informational only

Best practice 3: *Contacting an employer when patients have restrictions*

Measure: *One phone call within the first 12 weeks of a claim.*

Target: *25% of all claims*

- a. All active claims
- b. Phone call billed and service date within the first 12 weeks of the claim

Best practice 4: *Documenting patient Barriers to Return-to-Work and plan.*

Measure: *Number of claims with a Barriers to Return to Work assessment in the first 12 weeks of the claim.*

Target: *None, informational only*

Provider adoption of best practices (BP) during the reporting period

Measure: *Percent of high and medium adopters.*

Target: *80% of providers should be high or medium adopter*

The following table shows the categories of adoption level by the number of BP targets met:

Adoption Level	ED Providers	All Other Providers
High	2 or more BPs	3 BPs
Medium	1 BP	2 BPs
Low	0	0 or 1 BP

The provider adoption measure for providers of Emergency Departments (EDs) is different because best practices three and four would seldom be implemented in an emergency setting.

HSC Billing:

Definition(s): % of all claims established in the reporting period with an HSC billed activity

% of time-loss claims with at least 10 days of paid time-loss established during the reporting period having an HSC bill completed.